

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		9-29-00
O.I.P.E. CLASSIFIER		8	10-500
FORMALITY REVIEW	SH	60244	11-15-00
RESPONSE FORMALITY REVIEW		60244	1-11-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	11-1-03
2	✓
3	✓
4	✓
5	✓
6	0 0 0
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	0 0
15	✓
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18	0 0
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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